



State of California Group Legal Services Insurance Plan Leave of Absence Notification

As a plan member of the State of California's Group Legal Services Insurance Plan, if you are on an unpaid leave, you may continue your coverage. ARAG® wants to help make the transition from active pay status to a leave of absence as smooth as possible for you. To continue coverage, you are required to contact ARAG within 30 days of the leave. To notify ARAG of your Leave of Absence, complete the following form (all information is required) and mail or fax to:

ARAG
Attn: Billing Coordinator
P.O. Box 9171
Des Moines, IA 50306-9171

800-247-4184 phone
515-246-8710 fax

Date of Leave of Absence

I will be on a Leave of Absence:

_____ to _____
Leave Start Date (month/date/year) Leave End Date (month/date/year)

If you return before or after your Leave End Date, you must contact ARAG's Premium Coordinator to update the status of your record.

Payment Method

Payment can be made via Electronic Funds Transfer (EFT) from a checking or savings account or credit card (Visa, MasterCard or Discover). In the event that there is an over-payment of premium, the difference will be promptly refunded to you. *Please check your payment choice and complete the requested information:*

☐ **Electronic Funds Transfer (EFT) from Checking Account** ***You must enclose a cancelled check or deposit slip.***

Please debit my account # _____ to cover _____ to _____
Account Number Leave Start Date (month/date/year) Leave End Date (month/date/year)

☐ **Electronic Funds Transfer (EFT) from Savings Account** ***You must enclose a cancelled deposit slip.***

Please debit my account # _____ to cover _____ to _____
Account Number Leave Start Date (month/date/year) Leave End Date (month/date/year)

☐ **Credit Card**

Please debit my: ☐ Mastercard ☐ Visa ☐ Discover

Name as it appears on card: _____

Credit Card Number: _____ Expiration Date: _____ CID Number: _____

Debit amount \$ _____ to cover _____ to _____
Leave Start Date (month/date/year) Leave End Date (month/date/year)

Your Information

First Name: _____ Last Name: _____

Your Member ID: _____

Address: _____

P.O. Box: _____

City: _____ State: _____

ZIP Code: _____

Telephone- work: () _____ Telephone- home: () _____

E-mail address: _____
